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PTO/SB/21 (12-97)  
Approved for use through 9/30/00. OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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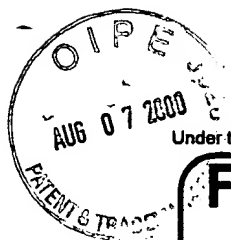
<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/427,447
	Filing Date	27 Oct 99
	First Named Inventor	Szynalski
	Group Art Unit	3712
	Examiner Name	Rimell
Total Number of Pages in This Submission	Attorney Docket Number	EK795075411US

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Mark Pohl
Signature	Mark Pohl
Date	4 Aug 00

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: <input type="text"/>	
Typed or printed name	Mark Pohl
Signature	Date

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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PTO/SB/17 (6/99)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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# FEE TRANSMITTAL

## for FY 1999

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)

### Complete if Known

Application Number 09/427,447  
Filing Date 27 Oct. 99  
First Named Inventor Szynalski  
Examiner Name Rimell  
Group / Art Unit 3712  
Attorney Docket No.

### METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number

Deposit Account Name

☐ Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

### FEE CALCULATION

#### 1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 760	201 380	Utility filing fee	
106 310	206 155	Design filing fee	
107 480	207 240	Plant filing fee	
108 760	208 380	Reissue filing fee	
114 150	214 75	Provisional filing fee	

SUBTOTAL (1) (\$)

#### 2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
20**			
3**			
Multiple Dependent			

\*\*or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
103 18	203 9	Claims in excess of 20	
102 78	202 39	Independent claims in excess of 3	
104 260	204 130	Multiple dependent claim, if not paid	
109 78	209 39	** Reissue independent claims over original patent	
110 18	210 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$)

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet.	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 380	216 190	Extension for reply within second month	
117 870	217 435	Extension for reply within third month	435
118 1,360	218 680	Extension for reply within fourth month	
128 1,850	228 925	Extension for reply within fifth month	925
119 300	219 150	Notice of Appeal	
120 300	220 150	Filing a brief in support of an appeal	
121 260	221 130	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,210	241 605	Petition to revive - unintentional	
142 1,210	242 605	Utility issue fee (or reissue)	
143 430	243 215	Design issue fee	
144 580	244 290	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	240
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 760	246 380	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 760	249 380	For each additional invention to be examined (37 CFR § 1.129(b))	
Other fee (specify)			
Other fee (specify)			

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$) 675

### SUBMITTED BY

Name (Print/Type) Mark Pohl  
Signature Mark Pohl

Registration No. (Attorney/Agent) 35325

### Complete (if applicable)

Telephone (913)665-0275  
Date 4 Aug 00

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# UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE ACTION FORM

(Block 1)

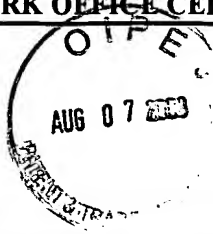
## REQUESTOR STATUS

PTO USE ONLY

☒ Registered Attorney,  
Registration Number

35 3 25

☐ Independent (Pro se) Inventor



(Block 2)

## REQUESTOR INFORMATION

Mark

POHL

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Middle name

Family Name

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NJ

07960

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Postal Code

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(973) 665-9152

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Telephone Number

Facsimile Number

Email Address

Customer Number

22925

Additional Customer Numbers Attached

☐

(Block 3)

## ACTION

Certificate Application ☒

I request a Certificate be issued to me by the USPTO.

Certificate Revocation ☐

I request that my Certificate be  
revoked.

Reason  
(Select One):

New Certificate ☐

No Longer Needed ☐

Issued Legal Name Change ☐

Other ☐

Key Compromise

☐

Date Last Known to be Un-compromised

☐

Key Recovery: ☐

I request that my encryption key  
be recovered.

Reason (Select One):

Other

☐

Describe

☐

Forgotten or Lost Password ☐

Entrust Profile Corrupted or Lost ☐

(Block 4)

## SIGNATURE OF REQUESTOR

I have read and understand the Subscriber Agreement (Version 1, December 1999) and my signature on this document, by hand, is  
my agreement to abide by the agreement and the rules and policies of the USPTO regarding the agreement.

I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my  
knowledge. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).

*Mark Pohl*

Aug. 04, 2000

(Requestor signature required from block 1)

Date (mm/dd/yyyy)

(Block 5)

## IDENTIFICATION FOR INDIVIDUAL INVENTOR

SUBSCRIBED and SWORN to before me by \_\_\_\_\_  
this \_\_\_\_ day of \_\_\_\_\_ of \_\_\_\_\_  
(county)

Notary Public \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

NOTARY: Note that two acceptable forms of identification specified in the instructions are required.

(Notarial  
Seal)

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS ATTACHED